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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 19 1944

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **3738**
Registrar's No. **118**

Registration District No. **245**

Primary Registration District No. **5837**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County **Newton**

(b) City or town **Camp Crowder, Mo.** (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **Station Hospital**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **One day** (Specify whether years, months or days)

In this community **One year, six months**

2. USUAL RESIDENCE OF DECEASED: **999**

(a) State **Colo.** (b) County **5**

(c) City or town **Denver** (If outside city or town limits, write "RURAL") **U**

(d) Street No. **Franklin St** (If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)

If yes, name country **--** **2**

3. (a) PRINT FULL NAME **DON W. HAMILTON**

3. (b) If veteran, name war **--**

3. (c) Social Security No. **--**

4. Sex **Male**

5. Color or race **White**

6. (a) Single, widowed, married, divorced **Divorced**

6. (b) Name of husband or wife **Unknown**

6. (c) Age of husband or wife if alive **Unknown** years

7. Birth date of deceased **March 25 1902**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
41	7	21	-- hr. -- min.

9. Birthplace **Creighton Nebraska**
(City, town, or county) (State or foreign country)

10. Usual occupation **Soldier**

11. Industry or business **U. S. Army**

MOTHER FATHER

12. Name **Unknown**

13. Birthplace **--** **4**
(City, town, or county) (State or foreign country)

14. Maiden name **Unknown**

15. Birthplace **--** **4**
(City, town, or county) (State or foreign country)

16. (a) Informant **Soldier's Service Record**

(b) Address **Camp Crowder, Mo**

17. (a) **Removal** (b) Date thereof **Dec 22, 1943**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Springfield, Missouri**

18. (a) Signature of funeral director **Knell Mortuary**

(b) Address **Carthage, Mo.**

19. (a) **12-22-43** (b) **Carey Thompson**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec** day **21**
year **1943** hour **9** minute **20 P.M.**

21. I hereby certify that I attended the deceased from **Dec 21 1943** to **Dec 21 1943**
that I last saw him alive on **Dec 21 1943**
and that death occurred on the date and hour stated above.

Immediate cause of death: **Intracranial hemorrhage** **1 Day**
Duration

Due to.....

Due to.....

Other conditions: **83a!**
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:
Of operations.....

Of autopsy.....

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **--**

(b) Date of occurrence **--**

(c) Where did injury occur? **--**
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
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While at work? (Specify type of place) **--**
(e) Means of injury **2**

23. Signature **W. B. Wilcox** (M. D. or other) **MC**

Address **Camp Crowder, Mo.** Date signed **12/22/43**

1110

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

1-10-44

District Health Officer No. _____

District File Number 1243-256

Date Filed 1-10-44

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

_____, Registered Apprentice No. _____
working under my personal supervision.

Signed Emmal Cornell

Licensed Embalmer No. 391

P. O. Address Carthage

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.